

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-034813

STATE FILE NUMBER

Registration District No. 337

Primary Registration District No. 4497

Registrar's No. 36

DO NOT WRITE  
ON THIS STUB

AMENDED

FILED AUG 28 1963

1. PLACE OF DEATH

a. COUNTY

SHELBY

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN

CLARENCE, MO. 48 YEARS

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

FAMILY HOME

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

SHELBY

c. CITY OR TOWN

CLARENCE, MO.

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

(If outside, give location)

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

First

Middle

Last

ANNIE ELIZA STARKE

4. DATE OF DEATH

Month

Day

Year

AUG 25 1963

5. SEX

F

6. COLOR OR RACE

W

7. Married ☐ Never Married ☐

Widowed ☒ Divorced ☐

8. DATE OF BIRTH

10-23-1872 90

9. AGE (last birthday)

IF UNDER 1 YEAR

IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

HOUSE WIFE

10b. KIND OF BUSINESS OR INDUSTRY

HOUSE WIFE

11. BIRTHPLACE (City and state or country)

SHELBY COUNTY

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

JAMES E. BURRUS

13b. MOTHER'S MAIDEN NAME

ARABELLA J. CUMMINGTON

14. NAME OF HUSBAND OR WIFE

JOHN W. STARKE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

NO

17. INFORMANT

EARL STARKE, CLARENCE, MO.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Uremia

INTERVAL BETWEEN ONSET AND DEATH

3 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

cardio-renal-vascular disease

years

DUE TO (c)

arteriosclerosis

years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

von Recklinghausen's disease

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

Month, Day, Year

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from August 1960 to August 1963 and last saw her alive on August 26, 1963

Death occurred at 8:30 A.M.

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Alan R. Hull

22b. ADDRESS

Clarence, Mo.

22c. DATE SIGNED

8-26-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

Aug 28, 1963

23c. NAME OF CEMETERY OR CREMATORY

Maplewood Cemetery

23d. LOCATION (City, town, or county)

Clarence, Mo.

(State)

24. FUNERAL DIRECTOR

GREENING

ADDRESS

CLARENCE, MO.

25. DATE RECD. BY LOCAL REG.

8/26/63

26. REGISTRAR'S SIGNATURE

Helen Allison

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION  
BY AFFIDAVIT OF

DATE AMENDED

1020

1020

1

2

0

0

9442X

10

11

1290-2

1340

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. 689

working under my personal supervision.

Student

W. J. Hoening  
Signature of Student Embalmer

Signed

Charles V. Treering

Licensed Embalmer No.

4625

P. O. Address

Channah Md

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Aug 26, 1963

Permit obtained 8/27/63 (P.A.)